

FILED
08 JUL 18 PM 4:32
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

M. OVERTON
Plaintiff,

vs.

HIGHLAND Hosp.
Defendant.
DR PHAM / DR RUDAS

CASE NO. CV 08 3161 JF

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, MICHAEL OVERTON declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X
If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:
Gross: NONE Net: NONE
Employer: disabled Diabetic Type II 10-23-03.

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received. (If you are imprisoned specify the last place of
 2 employment prior to imprisonment.)

3 LOCAL-70 TEAMSTERS CASUAL-LABORER - OAKLAND.
 4 _____
 5 _____

6 2. Have you received, within the past twelve (12) months, any money from any of the following
 7 sources:

- 8 a. Business, Profession or Yes ___ No X
 9 self employment
 10 b. Income from stocks, bonds, Yes ___ No X
 11 or royalties?
 12 c. Rent payments? Yes ___ No X
 13 d. Pensions, annuities, or Yes ___ No X
 14 life insurance payments?
 15 e. Federal or State welfare payments, Yes ___ No X
 16 Social Security or other govern-
 17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount
 19 received from each.

20 NONE
 21 _____
 22 _____

22 3. Are you married? Yes ___ No X

23 Spouse's Full Name: DECEASED

24 Spouse's Place of Employment: _____

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ _____ Net \$ _____

27 4. a. List amount you contribute to your spouse's support: \$ NONE

28 b. List the persons other than your spouse who are dependent upon you for support

and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.

None

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes No X

Make _____ Year _____ Model _____

Is it financed? Yes ☐ No ☐ If so, Total due: \$

Monthly Payment: \$

7. Do you have a bank account? Yes ___ No X (Do not include account numbers)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes No X Amount: \$

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes No X

8. What are your monthly expenses? IN PRISON

Rent: \$ 2 Utilities: 2

Food: \$ 2 Clothing: 2

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
------------------------	------------------------	---------------------------------

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

No.

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

QUERTON V. BOARD OF PRISON HEARINGS CASE NO
2-08-CIT-1128 UNITED STATES DISTRICT COURT E.D.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

6-16-2008

DATE

Michael L. Querton C 47370

SIGNATURE OF APPLICANT

Deposited in MAIL BOX
AT CA. MEDICAL FACILITY
VACAVILLE, CA. ON 7-14-08
M.L.O.

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of OVERTON, MICHAEL for the last six months at

[prisoner name]

CMF

where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 26.67 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 26.67.

Dated: 6-27-08

M. Lucas

[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 06/27/08
PAGE NO: 1

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CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA MEDICAL FACILITY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 27, 2008 THRU JUN. 27, 2008

ACCOUNT NUMBER : C47370

ACCOUNT NAME : OVERTON, MICHAEL LEWIS

PRIVILEGE GROUP: A

BED/CELL NUMBER: MIN300000000318U
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
01/27/2008		BEGINNING BALANCE					0.00
02/08	D300	CASH DEPOSIT	1980MR2926				25.00
02/21	FC03	DRAW-FAC 3	2076/CMF#3				25.00
03/19	D300	CASH DEPOSIT	2325MR3102			25.00	0.00
03/20	*FC03	DRAW-FAC 3	2328/CMF#3		100.00		100.00
04/11	D300	CASH DEPOSIT	2521MR3178			100.00	0.00
04/17	FC03	DRAW-FAC 3	2577/CMF#3		35.00		35.00
						35.00	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	160.00	160.00	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTEST: 6-27-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY: M. J. Jones
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

0.00

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NORTHERN DISTRICT OF CALIFORNIA

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OVERTON

Vs.

HIGHLAND Hosp.

CASE No. CV 08 3161
PROOF OF SERVICE

I, the undersigned, hereby certify that I am over the age of eighteen years and am not a party to the above entitled action.

On 7-14-08, 2008, I served a copy of IN FORMA PAUPERIS - MOTION w/ TRUST ACC STATEMENT by placing said copy in a postage paid envelope addressed to the person(s) hereinafter listed, by depositing said envelope in the United States Mail:

(List all person(s) served in this action.)

UNITED STATES DISTRICT COURT.

FOR THE NORTHERN DISTRICT OF CA.

450 GOLDEN GATE AVE

SAN FRANCISCO, CA. 94102-3483

I declare, under the penalty of perjury, that the foregoing is true and correct.

DATED: 7-14-2008

Michael L. Overton
Declarant's signature

MICHAEL LOUIS OVERTON
Declarant's printed name

L. B. 9-14-08

Michael Louis Oertel C-47570
CA Medical Facility

CA MEDICAL FACILITY
FIRST CLASS



UNITED STATES POSTAGE
\$01.85
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United States District Court
For the Northern District of CA.

450 Golden Gate Ave.

SAN FRANCISCO, CA. 94102-3483

Legal Mail

